

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILED DATE

APPLICANT'S

107204

CLAIMS

| NUMBER | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL CLAIMS | 76 | | | | | |

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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS